identify himself as a physician's assistant and not as a doctor; he must wear a name tag with his name and the description that he is a primary care physician's assistant. In addition, the doctor's office must have a sign to inform patients. All of these criteria must be met by the supervising medical doctor.

Dr. Reade's letter to the editor gives one man's opinion concerning one man's experience. It would be very helpful to Dr. Reade, as it would be to other physicians in the state of California if THE WESTERN JOURNAL OF MEDICINE would publish an article concerning physician's assistants in the state of California, where they are practicing and under what type of supervision.

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## Nutrition in Medical Practice

TO THE EDITOR: In the Bicentennial Editorial Essay entitled "A Broader Knowledge Base for Medicine" it is pointed out that "There are many signs that rational scientific medicine, as it has developed so far, may be falling short of both public and professional expectations. . . . A physician must therefore not only have some knowledge of the person and of human behavior, but also some awareness of the characteristics of the environment and an understanding of the relationships of persons to their environments." [Watts MSM: A broader knowledge base for medicine (Bicentennial Editorial Essay). West J Med 125: 383-384, Nov 1976]

This leads us to consider the nutritional environment of our patients, and raises an important question: Do food selections supply the body cells with the proper amounts of all the nutrients they require for the maintenance of robust health? Also, do they supply proper amounts for recovery from disease or injury?

A careful diet history helps answer these questions and simplifies the application of nutrition in medical practice. Laboratory tests may be of some value, but a detailed diet history, while not perfect, helps detect and correct faulty food habits, and this improves the quality of life. For instance, in my practice, data from the diet histories of 300 adult patients selected at random showed that 73 percent had been selecting deficient diets.[1] Specific advice on the necessary corrections was then easily given and understood.

For a diet history, physicians can prepare and have printed a list of questions. A copy of these is given to each patient, who writes the answers while in the reception room. On the list should be questions regarding the intake of the four basic food groups:[2]

1. The Milk Group—milk, buttermilk, yogurt, cheese.
2. The Meat Group—meats, fish, fowl, dried beans, nuts, eggs.
3. Fruits and Vegetables—includes green and yellow vegetables and citrus fruits or tomatoes.
4. Breads and Cereals—rice, wheat, oats, rye (whole grain preferred).

Questions regarding the intake of milk, for example, may be put this way: Do you drink milk or buttermilk regularly? How many glasses per week? How many helpings of cheese per week? What about ice cream, and milk on cereals?

Physicians should learn which are the chief nutrients in the foods of each of the four groups. More questions can then be added to the diet history form to find whether a patient gets these nutrients. Physicians should also ask about the intake of "junk foods," sweets, pastries and soft drinks; as well as about the intake of alcoholic beverages. Does a patient, for instance, usually make a breakfast of sweet rolls and coffee?

The general plan for the diet history questionnaire is to add as many questions as seem desirable. The printed sheet takes none of a doctor's time, and the answers can be quickly recognized. If a patient is selecting a variety of foods from each of the four groups, the chances are that his diet is adequate. But if he is not eating foods that contain the main sources of, say, vitamin A or C, or calcium, it does not take long to draw his attention to these errors. It will be a rewarding experience for both the physician and the patient.

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